

## **DIRECTOR'S PRATICE AUDIT REPORT**

**TRI-CITIES FAMILY SERVICES TEAM (HDD):-  
CHILD PROTECTION, FAMILY SERVICES,  
AND CHILDREN'S SERVICES WORK**

**Field Work Completed:- 27<sup>th</sup> November – 8<sup>th</sup> December 2000**

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## **DIRECTOR'S PRACTICE AUDIT REPORT**

### **Tri-Cities Family Services Team (HDD):-** **Child Protection, Family Services and Children's Services Work**

#### **1. PURPOSE**

The purpose of the audit is to improve and support child protection, child service and non protective family service practice. The audit is expected, through a review of a sample of cases, to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening.

The specific purposes of the audit are:

- to confirm good practice and further the development of practice;
- to assess and evaluate practice in relation to existing legislation, standards and policy;
- to determine the current level of practice across a sample of cases;
- to identify cases where additional assessment and/or intervention is required;
- to identify barriers to providing an adequate level of service;
- to assist in identifying training needs;
- to provide information for use in updating and/or amending practice standards or policy.

#### **2. METHODOLOGY**

Field work was conducted by the Auditor from 27<sup>th</sup> November – 8<sup>th</sup> December 2000.

The Audit task was to examine a minimum of 25% of all CS and FS files open at the start of the Audit, together with a few cases closed over the preceding three month period.

Child Protection Intake and Investigation Family Service Files, and Protective Family Service Files were to be audited for compliance to the Child Protection Standards and the Risk Assessment Model, and where applicable to Case Management Procedures and Policy; Non Protective Family Service files, and Child Service files, were to be audited for compliance to Case management procedures and policy. A laptop computer was used to collect the data and generate reports, including a compliance report for each file audited.

The Auditor:

- met with the Supervisor, and the Regional Child Protection Manager, together, at the beginning of the Audit to explain the process.
- met with the team plus the Supervisor, and the Regional Child Protection Manager early in the Audit to explain the process.
- interviewed individually the Supervisor, and two Social Workers, with respect to office systems, community resources, and barriers to the provision of service.
- met with the Office Manager to discuss administrative structures and processes.

- met with the team, the Supervisor, and the Regional Child Protection Manager at the end of the Audit to discuss themes found in the Audit.
- met with the Supervisor, and the Regional Child Protection Manager, and the Community Services Manager together, at the conclusion of the audit, to discuss themes, brief them on the results, and refer cases that required review.

Information for determining compliance to the standards was obtained from file documentation, and workers' hand written notes.

### **3 COMMUNITY OVERVIEW**

MCF service for Family Services (FS) and Children's Services (CS) cases is delivered in the Tri-Cities Sub-region through an Intake team, a Children and Family Service team, (HDD); a Mental Health team; a Community Living team, co-located; and a Youth (including Probation) team; a Guardianship team, and an Adult Community living team in different offices. This structure has been in existence for over two years.

The HDD team is responsible for the three Municipalities of Port Moody, Coquitlam, and Port Coquitlam. They also take in outlying communities such as Ioco, Belcarra, and Anmore. Overall the area is fairly affluent. Although historically the area has been based on transportation, petroleum and forestry, currently the area is predominantly a dormitory area with people commuting to other parts of the Lower Mainland for work.

There are two hospitals serving the area; Royal Columbian Hospital for the Region, and locally the Eagle Ridge Hospital. There are hostels and transition houses or shelters in the area. Each produces demands for services for children.

There is a small First Nations Band [the Kwayhquitlam] in the area. It is not delegated, but the calls from this band are not high. There is a Metis Organisation in Surrey, and the First Nations Urban Community Society in New Westminster.

There are significant Asian communities. One HDD worker is fluent in Mandarin and Cantonese. Interpreters are only occasionally required. When workers require help (2-3 times per year) with language or communication then local or provincial organisations, such as MOSAIC or SUCCESS provide help, if staff help is not available.

### **4 STAFFING**

The Tri-Cities Family Services Team (HDD) has a complement of one Supervisor and eight Social Workers. At the time of the Audit all posts were filled. There has been high continuity of workers, apart from two workers who have been in post for eight months. Experience ranges from 2 years to 33 years. Only two workers have less than 4 years experience. The Supervisor has seven years supervisory experience in this area.

All workers except one are SPO 4. All are fully delegated.

One worker is Asian; the rest are Caucasian. No worker speaks professional French. One speaks Mandarin and Cantonese.

The front office team covers the work of all four teams in this Office. There is an Office Manager, with overall responsibility, and a total of 9 staff. One Team Assistant is allocated to HDD, and the team calls on the skills of a Finance Clerk; a Receptionist and three OA2s who cover all teams as required under the direction of the Office Manager.

The office caseload at the start of the Audit consisted of 174 FS files, (160 classified as Child Protection and 14 classified as Non Protection) and 87 CS files. Over the year ending 30 September 2000, 321 Intakes were received (an average of 26 intakes per month, ranging from 12-30). 286 were investigated.

At Audit the workers had an average open CS caseload of 11, with most caseloads between 10 and 13. The FS files averaged 22 per worker, ranging from 14 to 34, mainly in the range from 23-29.

The FS caseloads are comparable with those of similar teams throughout the province. The CS caseload is lower than comparable teams.

The Integrity Report of 6<sup>th</sup> October 2000, shows that over the previous year 88% of Intakes are classified as Protection, compared with the provincial average of 59 %. This percentage is high when one considers that HDD is not an Intake team. 75% of Child Protection Reports are classified by HDD as Investigations. The provincial average is 74%.

## **5 PROTOCOLS**

The following protocols were provided to the Auditor:

1. Case Transfer Protocol CP Division: Draft 1999
2. MCF/ MAETT Memo of Understanding: 1998
3. MCF/ Ministry of Health Memo of Understanding for Information Sharing: Sept 1999
4. Arranging Independent Legal Advice for Children: Oct 1999
5. Investigations of Abuse or Neglect in Child Care Facilities: Pre 1996
6. School District #43 Suicide Intervention: 1996
7. File Transfer and MCF Computer Access to First Nations Child Welfare Agencies: Oct 1998
8. Regional Protocol on Out of Province Requests: Oct 1997
9. CWA Alerts-SMH SCAN Clinic: Undated
10. Placement review Committee: Apr 1999
11. Flu Shots for CiCs: Dec 1997
12. File Transfer Guidelines- Simon Fraser Region: July 1999
13. VCA/SNA Standards- SF Region: Nov 1999
14. Child Protection Operating Procedures: SF Region: Jun 2000
15. Pregnant Women Who Substance Abuse – operating procedures – June 2000

The following province wide protocols were said to be in use, but copies were not provided to the Auditor:

- ICBC; 1999.
- BC Benefits (MHR); 1999.
- MCF And Physicians; July 97.
- Investigation Of Abuse In Foster Homes; Jan 98.
- Reuniting Sex Offenders; July 98.

The following protocol is under development:

- Kwayhquitlam First Nations Band

There are no protocols with the following Organisations: -

- Tripartite RCMP/ Education.
- Transition Houses.
- Victims' Services.
- Port Moody Police.
- Coquitlam RCMP Detachment.
- Coquitlam School District # 43.

The auditor was told that there are currently no negotiations in progress on such Protocols.

Where there is no specific Protocol, Standards regarding contact with collaterals have been measured against good practice as outlined in various handbooks.<sup>1</sup> General good practice principles for co-operation with collaterals were also taken into account.

## **6. ABORIGINAL SERVICES**

There is one First Nations Band in the office area, the Kwayhquitlam. There is a Metis Organisation in Surrey, and the First Nations Urban Community Society in New Westminster.

The designated agencies are Vancouver Aboriginal Child and Family Services Society and Metis Family Services. They may also provide services to clients separate and apart from the family support services mentioned above.

## **7. AUDIT SAMPLE**

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<sup>1</sup> The BC Handbook for Action on Child Abuse and Neglect  
Practice Standards for Child Protection  
The Risk Assessment Model for Child Protection in British Columbia

The Audit was tasked to examine a minimum of 25% of all CS and FS files open at the start of the Audit held by the Tri-Cities Family Services Team, together with a few cases closed over the period 1<sup>st</sup> August 2000 to 27<sup>th</sup> November 2000

The audit file sample was chosen by the auditor at regular intervals from the alphabetical Management Report lists.

The sample consisted of:

- 49 Protective FS files of which 41 (25.6 % of open cases) were open; and 8 recently closed.
- 27 CS files of which 22 (25.2% of open cases) were open, and 5 chosen from the 26 closed over the preceding 3 months. (19.2%)
- 6 open Non Protective FS cases, (46.2% of open cases), and 2 closed files.

The 10 closed FS files were 38 % of the FS files closed in the preceding three months.

## **8. COMPLIANCE TO CHILD PROTECTION PRACTICE**

49 Protective FS files were audited, of which 41 were open and 8 closed since 1<sup>st</sup> August 2000. 23 files were referred for Review. Of the 23 files, 9 were from one caseload.

The overall average compliance rate of 82.7% is comparable with the Provincial Average.

*It should be note that the compliance ratings for Investigations up to and Including RD#5 relate mainly to the work of the Intake Office HEC.*

### **1 Protocols**

Good collateral contact (either in accordance with protocols) or with acceptable alternative action consistent with good practice was found in all of the files.

### **2 Children from Aboriginal Communities**

3 aboriginal children were correctly identified and received sensitive and supportive services. In 2 of these there was good contact with the local Metis Organisation.

The remaining cases were correctly identified as having no aboriginal background [and were scored as NCF in order to distinguish them from aboriginal children].

### **3 Cultural, Racial and Religious Differences**

3 cases were correctly identified as having cultural/religious or racial needs, and sensitive services were provided, and scored as CA. This included Farsi speaking Zoroastrians; and a Muslim family.

The remaining cases were correctly identified as having no such needs.

### **4 Reportable Circumstances**

This standard was complied with in the 1 case where reportable circumstances occurred.

## **5 Case Records**

Case records were found to be in the correct format in 45 (92%) of the appropriate cases. This included all the closed cases.

In 1 case there were no records for 1 year. In another there were no case notes; in others records were incomplete.

## **6 Supervisory Responsibility**

Supervisory standards were met in 46 (94%) of the relevant cases.

In 3 cases the supervisor had not identified delays in cases or had not taken remedial action.

## **7 Assessment of Reports**

This standard was met in 46 (94%) of the relevant cases

The 3 cases of non-compliance were cases where there had been a number of neglect reports, and a further intake was not identified as a report.

## **8 Prior Contact Check and Registration**

A PCC and registration check was found in all but 1 of the cases.

## **9 Determining the Speed of Assessment**

This standard was met in all but 1 of the cases.

## **10 Risk Decision 1: Deciding Whether to Investigate**

Risk Decision 1 was carried out in compliance with the standard in 44 (90%) of the relevant cases.

The 4 cases of non-compliance were cases where there had been a number of neglect reports, and a further report was not identified as needing investigation. In 1 case notepad entries had not been followed up through the RAM system.

## **11 Informing the Police**

This standard was met fully in 10 (83%) of the 12 cases where it was required.

## **12 Risk Decision 2: Decide Investigation Response Time**

This standard was met in 45 (98%) out of 46 relevant cases.

In the 1 case the records did not show a RD #2.

## **13 Initial Plan of Investigation**

A good investigative plan was in existence, either explicitly on paper or implicitly ascertainable from practice, in 43 (90%) relevant cases. In the other cases no plan could be ascertained.

## **14 Steps Required to Complete the Investigation**

The required steps were shown as carried out in 44 (92%) of the applicable cases.

In the 4 cases of non compliance, collaterals such as family practitioners, police, and schools were not contacted.

## **15 Seeing and Interviewing the Child**

In 44 (92%) of the 48 applicable cases this standard was met.



In 1 case the child was not seen. In the other cases siblings were not seen.

### **16 Arranging Medical Examination for the Child**

The child was medically examined in 9 out of the 10 cases where it was necessary.

### **17 Seeing and Interviewing the Parent**

This standard was met in 92% (45) of the 49 applicable cases.

1 case was scored NCF as mother was dead and father was in prison. In those scored NC, parents were spoken to on the phone.

### **18 Risk Decision 3: Assess Child's Immediate Safety**

An immediate safety plan was accurately compiled in 40 (89%) of the 45 cases where required. The other 5 had no ISA on file.

### **19 Risk Decision 4: Decide if Child Needs Protection**

The child's need for protection was accurately assessed within the required time scale, and recorded in a timely manner in 36 (78%) of the 46 applicable cases.

In the non compliant cases the risk had either been under-estimated, or the risk decision only related to one of the parents who had access to the child(ren).

### **20 Investigative Action - Cannot Locate Child or Family**

There was 1 case where this standard applied. A family had moved from their home and their whereabouts was unknown. This was scored as NC, since the worker took no action to find the family, or set up an alert.

### **21 Recording and Reporting the Investigation Results**

The investigation results were correctly recorded and reported in 46 (98%) of the 47 applicable cases.

### **22 Time Limit for Investigations**

The time limit for investigations was met in 38 (84%) of the relevant cases.

In 3 cases the reasons were beyond the control of the worker, including delays in the Police returning collateral information that was relevant to a safe home visit. In 4 cases of non-compliance the investigations took up to five months to complete.

### **23 Risk Decision 5: Assess Risk of Future Abuse Neglect**

An adequate comprehensive risk assessment was undertaken in 35 (76%) of the 46 cases that required one.

In the cases of non compliance the risk factor ratings were too low, or related to only one parent, or did not fully analyze the risk factors rated at 3 or 4.

### **24 Risk Assessment of a Third Report**

This standard was met in 2 (32%) of the 7 cases where there was a third report.

The 5 cases of non compliance included cases where there had been four or five reports of neglect over a period of less than a year. However as an RD#4 had been negative on an earlier

occasion, or the intake had been inaccurately classified as a request for service, the third report trigger was not activated.

### **25 Risk Decision 6: Developing a Risk Reduction Plan**

This standard was met in 13 (32%) of the 41 cases that needed one.

Reasons for non compliance were generally that there was not an RRP: that it did not have specificity of behaviour that needed change; or action necessary to achieve change; and/ or no timescale within which change would be measured.

### **26 Supervision Orders**

2 out the 3 supervision orders had the required clauses in it; one did not.

### **27 Removing a Child**

There were no cases to which this standard applied.

### **28 Risk Decisions 7, 8, 9,: Reassessing Risk**

This standard was met in 8 (32%) of the 25 cases where it applied.

*N.B. HEC was not using the RAM forms over the period Audited. {They have just started doing so}. They did however use a snapshot form that summarizes on one sheet the conclusions of a CRA. This form is useful as a summary when it can be read in conjunction with a CRA.*

Where the snapshot form summarized in a comprehensible way the changes in Risk Factors, and contained an analysis of future risk in a thought out way, the auditor scored this standard as Complied. Where there was no such explanation, or where some previous risk factor was not mentioned this standard was marked as non complied.

In 4 cases no CRA was done for the move of a child to a new relative's home, or it ignored the risk from an abusing parent still in touch; and in one case no CRA had been done for 18 months.

### **29 Reclassify - Protective to Voluntary Family Service**

There were no cases to which this standard applied.

### **30 Where a Child or Family is Missing**

There were no cases where this standard applied.

### **31 Transferring a Protective Family Service Case**

The transfer process complied with this standard in 24 (96%) of the 25 cases applicable.

### **32 Closing a Protective Family Service Case**

The closure process standard was complied with, in 5 of the 9 applicable cases. There was no closing CRA in the other 4 cases.

## **9. COMPLIANCE TO CHILD SERVICE PRACTICE**

The Child Service audit sample consisted of 27 CS files of which 22 were open (25.7% of open files), and 5 out of 26 (19.2%) recently closed. Overall compliance was 80.2%, higher than the Provincial Average.

8 cases were referred for Action.

### **1 Protocols**

All cases either complied with this standard or had acceptable alternative action.

### **2 Children from Aboriginal Communities**

4 aboriginal children were correctly identified as aboriginal, and received sensitive and supportive services. 3 cases had no identification, and were scored as non complied.

The remaining cases were correctly identified as having no aboriginal background [and were scored as NCF in order to distinguish them from aboriginal children].

### **3 Cultural, Racial and Religious Differences**

25 cases were correctly identified as having no such needs.

The 2 that had cultural needs were provided with sensitive resources.

### **4 Reportable circumstances**

There were no cases in which a Reportable Circumstance occurred.

### **5 Case Records**

All records were kept in the required manner.

### **6 Supervisory Responsibility**

In 26 (96%) of 27 cases supervisory responsibility was fulfilled.

### **7 Legal plan**

All but 1 case had an appropriate legal plan.

### **8 Legal Documentation**

Appropriate legal documentation was found in 22 (81%) of the cases.

The cases of non compliance had no legal documentation. In 1 case documentation had not been received from the Court after 3 months.

*N.B. Problems have been caused to Social Workers and care-givers when they are unable to show the legal documentation required to obtain a particular service.*

### **9 Notifying Public Trustee**

In only 1 of the 5 applicable cases was the Public Trustee notified as required..

### **10 Admission Medical**

Admission medicals were obtained in 17 (63%) of the 27 relevant cases.

In most of the non-compliant cases Doctors had returned the relevant forms without full information.

### **11 Medical History Obtained and Recorded**

A medical history was found on 14 (52%) of the 27 files.

In most of the non-compliant cases Doctors had returned the relevant forms without full information.

### **12 Ongoing Medical Needs**

This standard was complied with in all 25 applicable cases.

### **13 Developing a Comprehensive Plan of Care**

The Comprehensive Plan of Care was developed properly in 10 (63%) of the 16 appropriate cases. In 2 NCF cases parents were not co-operative.

### **14 Plan of Care - Timely & Current**

In 11 (55%) of the 20 relevant cases the CPOC were done in a timely manner.

The Auditor came across four cases where there had been no CPOC for more than 6 months [one for 12 Months].

### **15 Assessment, Planning & Views**

9 (75%) of the 12e completed Plans of Care covered most of the areas.

### **16 Care Plan Reviewed**

3 (60%) of the 5 cases requiring a review had one at or close to the most recent due time, covering the required areas.

### **17 Meet With Child**

The child was seen in 24 (89%) of the 27 relevant cases as frequently as required.

### **19 Rights of Children in Care**

The rights of children in care were shown as being told to the child in 19 (79%) of the 24 relevant cases or inferred from the files.

The auditor was told that the practice of most workers in this office is to explain these rights to the child, without recording this fact.

### **20 Preparation for Independence**

This standard was complied with in both appropriate cases.

### **21 Placement**

Children were placed in accordance with Sec 71 of the Act in 25 (93%) of the 27 applicable cases.

### **22 Resource Suitability**

Resources were felt to be suitable in all 24 (92%) of the 26 applicable cases.

### **23 Information to Caregiver**

Adequate information was given to caregivers in 25 (93%) of the 27 applicable cases.

### **24 Continuity and Stability**

Placements were deemed to be stable in 25 (93%) of the 27 applicable cases.

The auditor noted that the foster parents provided considerable stability to some very challenging children.

### **25 Reassessing Risk**

This standard was met in 4 (64%) of the 7 cases where they were returning to formerly abusive situations. In 1 case the risk of the non resident abuser was ignored, even though he would have regular access to the child.

### **26 Missing, Lost or Runaway Child in Care**

This standard applied to no cases.

### **27 File Transfer**

File Transfer took place as required in all 13 applicable cases.

### **28 File Closure**

File closure took place as required in half of the 6 applicable cases.

The non complying cases lacked collateral checks, or/and Risk assessments.

### **29 File Recording and Documentation**

Records and documentation were found to be as required in 19 (70%) of the 27 relevant cases.

1 case had no recording for 11 Months; 2 had incomplete recording; the others lack the necessary reviews.

## **10 COMPLIANCE TO NON PROTECTIVE FAMILY SERVICE PRACTICE**

This audit sample consisted of 8 Non Protective FS files, of which 6 were open (46% of open cases), and 2 recently closed.

2 cases were referred for review.

### **1 Protocols**

Good collateral contact was found in all files.

### **2 Children from Aboriginal Communities**

In all cases the child's non aboriginal status was correctly identified [and were scored as NCF in order to distinguish them from aboriginal children].

### **3 Cultural, Racial & Religious Differences**

In 2 cases cultural needs were identified and scored CA. This standard was met in all other cases, as no such needs were identified.

#### **4 Reportable Circumstances**

There were no cases where this standard applied.

#### **6 Case Records**

There were no cases where this standard applied.

#### **7 Supervisory Responsibility**

There were no cases where this standard applied.

#### **8 Initial Assessment of Referrals, Service Requests, Reports**

These standards were met in all 8 cases.

#### **9 Prior Contact Check & Registration**

This standard was met in 7 of 8 cases.

#### **10 Determining the Speed of Assessment**

These standards were met in all cases.

#### **11 Comprehensive Assessment**

This standard was met in all 6 applicable cases.

#### **12 Legal Documentation**

This standard was met in 3 out of 7 applicable cases.

In 2 cases there were no support service agreements; in the other 2 the agreements were not signed by the caring parent.

#### **13 Service Plan with Goals & Time Frames**

An adequate service plan was in place in 5 (71%) of the 7 applicable cases.

The non-compliant cases did not have specific Service Plan with objectives and time-scales.

#### **14 Service Plan Monitored**

There were no cases where this standard applied.

#### **15 Service Plan Review/Evaluation**

There were no cases to which these standards applied.

#### **16 Reclassifying Case from Protective FS to Voluntary FS**

The 1 case where this applied did not have a CRA.

#### **17 Transferring a Family Service Case**

This standard was met in all of the 10 cases.

#### **18 Closing a Family Service Case**

1 of the 2 closed cases did not go through the full required process.

## **19 Recording**

This standard was met in all of the 10 cases.

## **11 INTAKE AND TRACKING SYSTEMS**

Intakes during office hours on all cases except those currently or recently open, are normally by co-located Intake team HEC. Open cases are dealt with by HDD. After Hours Intakes are normally taken by the New Westminster AH team.

Cases are normally transferred after RD#4 has been made and a CRA is completed. Any RRP, Service Plan, or in the case of a child in care, a Comprehensive Plan Of Care is done by HDD.

Cases are allocated at the weekly team meeting, on a strict rota basis, unless the Supervisor deems that the case-load volume or balance of a particular worker requires that a certain case be not allocated.

Transfer takes place face to face between workers in about half the cases [even though they are in the same office], but some additional introductions may take place in court.

The Supervisor uses the I&CS management reports, and copies of notepad messages to track cases, together with frequent *ad hoc* discussions with the workers and her open door. Formal supervision sessions at which the Supervisor goes over each worker's case occur about every month. The signing off process at RD##4-8, CRA, RRP, transfer, and closure is also used to track.

The Supervisor also seeks verbal information on all cases, frequently from the newer workers, but less often from the experienced workers. She does not have a system for regularly looking at the detailed case notes of cases not yet presented for signing off. There is not a formal bring forward system.

The CS cases are mainly those where there is a child protection issue. CS records are countersigned by the supervisor at Reviews, when Comprehensive Plans of Care or Risk Decisions are made, and at transfer or closure.

CS cases are transferred to the Guardianship team when Continuing Care Orders have been made. These are more often to include a personal face to face meeting. There have been approximately 25 such transfers over the past two years. Teenagers are transferred to the youth team direct from the Intake team HEC, and only rarely from HDD.

## **12 SUPERVISION/CONSULTATION**

The Supervisor uses the INCS management reports, and copies of notepad messages to track cases, together with a 'frequent walking the floor' policy together with her 'open door'. Formal supervision sessions at which the Supervisor goes over each worker's case occur about every 4 - 6 months. Team meetings are also used for discussion of themes, and identifying group training needs.

If the Supervisor is out of the office she can always be contacted. The expectation is that she would be consulted as necessary. Additionally the Intake Supervisor or Regional Staff can be contacted. The staff indicated to the Auditor that they felt very supported by the Supervisor and the Region, including the Child Abuse Consultant, who is in the office frequently.

Annual appraisals are not completed regularly.

The Supervisor meets monthly with the Community Services Manager, and talks with the RCPM on Protection Issues at least weekly. She also attends the Regional Child Protection Supervisors meetings.

## **13. RESOURCES**

### **(a) Residential Resources**

Resources for Children in Care are developed and maintained by the separate Resource Team for the Tri Cities. The resource team has a Duty Worker each day to whom requests can be made. HDD also has a specific worker allocated to it as Liaison Worker. She attends team meetings about every other week. The Resource Team is felt to be responsive within the resources available.

Normally an adequate resource is available, but it may not always be a perfect match in terms of skills and experience, or occasionally not found in a timely fashion. This is occasionally true for emergencies. Family groups cannot be kept together as they should be. Many children have to be placed outside the home area, creating travel and school continuity problems for the children and families as they try to keep in touch.

Workers stated, and the Auditor observed, that once placements are made, the foster-parents show great resilience in dealing with very difficult behaviors.

There are not enough resources for sibling groups; very challenging teenagers; and for children with specialised Mental Health problems. It was felt that there is also a need for semi independent living facilities, and supervised independence preparation placements and receiving homes.

Field Staff are sometimes consulted about the performance of placements. This information is then fed into the Annual Review.



**(b) Non-Residential Resources**

The following community resources are available to MCF clients.

Valuable resources include:

- SHARE:- Youth Workers; Family Support; Family Counselling
- West Coast Resources:- Intensive parenting
- ACT II:- Sexual Abuse and Trauma Counselling
- Youth Crisis Response Programmes:- Suicide prevention
- PASS :- Domestic violence counselling for women and Children
- Family Court Services:- Psychological testing; including parenting capacity
- Neighbourhood links: General support for families

Reliable Home Supports is difficult to obtain. This is thought to be because the contracted Agencies are based elsewhere in the Lower Mainland.

Contracts for the following services would be welcomed:

- Local Homemakers
- Supervised Access
- Transportation
- Counselling for uncharged Sexually Intrusive Children over 12.

**(c) Other Agencies**

Relations with the following agencies are said to be good, and the Auditor found collateral contacts to be of a high volume and quality:-

- Hospitals, both Royal Columbia and the local, Eagle Ridge. There is not a SCAN clinic, and workers have to go to Surrey or Vancouver for such specialised help.
- Schools, and the Coquitlam School District #43. There is also contact with schools on a case by case basis. There are Alternative School Programmes, and a Teen Mum day care support scheme.
- Community Nurses are felt to be very responsive

Contact with Family Practitioners is said to span from ‘very cooperative’ to ‘helpful when asked’.

Two police forces cover the Tri-Cities area, the Port Moody Force and the Coquitlam RCMP Detachment. There are no protocols. There is sometime delay in getting information relating to dangerousness of people in a home. On occasions this has led to delays of a few days in workers visiting a home to see a child. When a request is made for back-up, help is available.

Services from the Metis and other Aboriginal Organizations are found to be responsive.

**(d) Legal Services**

Legal services are provided by a contracted lawyer. The service is also available to meet with staff to explain and discuss legislative changes, and to consult about issues and cases. The firm is described as open and supportive and takes appropriate instruction from MCF staff.

Court delays average 6 months (2-3 adjournments) for cases which are dealt with by agreement. Contested cases can take up to two years.

Delays in obtaining copies of Court Orders, of about three months, can cause problems in getting services from other agencies, including the police.

**14. TRAINING**

Six of the Social Workers have the BSW. One also has a Criminology degree. One has a Bachelor's in Psychology, and one has a MSW.

All have undergone the basic Child Protection, Investigative Interviewing, BC Handbook for Action on Child Abuse And Neglect, and Risk Assessment training courses, as well as training on the OV, and the INCS.

There is a strong desire to revisit these subjects in the light of the considerable experience that has been accrued since the courses were taken.

None has taken training on Youth Suicide.

The Supervisor has also undertaken supervisory training.

The training provided was felt to be of good quality, but the time-tabling was felt to be concentrated, making staff cover difficult.

Staff report training opportunities are felt to concentrate on Intake Teams, or staff seeking promotion, rather than those wishing to develop as advanced highly skilled practitioners.

Specific desires for training included:

- Drug and Alcohol abuse
- Management Systems
- Family Restoration.

## 15. RECOMMENDATIONS

1. That regional management ensure that any cases identified for review or attention, and any files containing non-compliance ratings, are reviewed for completion of any outstanding work.
2. That regional management provides an update on the status of development of the following protocols: RCMP/Education, transition houses and municipal police.
3. That regional management provide an update on the status of the 23 files that were referred by the auditor to the team leader for review and on the status of the files that needed to be reviewed on one caseload.
4. That the regional child protection manager review with the team leader and social workers the practice issues identified in the audit related to risk decisions #4, #5 and the rule of the third report and that a plan be developed and implemented to enhance practice in these areas.
5. That the regional child protection manager review with the team leader and social workers the practice issues identified in the audit related to risk decisions #6, #7, #8 and #9 and that a plan be developed and implemented to enhance practice in these areas.
6. That regional management review with the team leader and social workers the requirement to notify the public trustee in guardianship practice and that regional management consider whether a plan is necessary to increase practice in this area.
7. That regional management review with the team leader and social workers the requirement to complete admission medicals when a child has been removed.

Peter C. Bibby; Provincial Auditor;  
Audit & Evaluation

## **APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS**

# New Child Protection Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for  
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Feb-20

## SUMMARY OF 49 CASE AUDIT(S) FOR OFFICE HDD

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
10-10-010	1	Protocols	49	100%				
10-10-020	2	Children From	1	2%				
10-10-030	3	Cultural, Racial &	46	94%	2	4%	46	94%
10-10-040	4	Reportable	1	100%				48
10-10-050	5	Case Records	45	92%			4	8%
10-10-060	6	Supervisory	46	94%			3	6%
10-20-010	7	Assessment Of Reports	46	94%			3	6%
10-20-020	8	Prior Contact Check And	48	98%			1	2%
10-20-030	9	Determining The Speed	48	98%			1	2%
10-20-040	10	Risk Decision 1:	44	90%			5	10%
10-20-050	11	Informing The Police	10	83%		2	17%	37
10-30-010	12	Risk Decision 2:	45	98%			1	2%
10-30-020	13	Initial Plan Of	43	90%			5	10%
10-30-030	14	Steps Required To	44	92%			4	8%
10-30-040	15	Seeing And Interviewing	44	92%			4	8%
10-30-050	16	Arranging A Medical	9	90%			1	10%
10-30-060	17	Seeing And Interviewing	45	92%		1	2%	39
10-30-070	18	Risk Decision 3:	40	89%			5	11%
10-30-080	19	Risk Decision 4:	36	78%			10	22%
10-30-090	20	Investigation Where	1	100%				48
10-30-100	21	Record & Report	46	98%			1	2%
10-30-110	22	Time Limit For	38	84%		3	7%	4
10-40-010	23	Risk Decision 5:	35	76%			11	24%
10-40-020	24	Risk Assessment Of A	2	29%			5	71%
10-50-010	25	Risk Decision 6:	13	32%			28	68%
10-50-020	26	Supervision Orders	2	67%			1	33%
10-50-030	27	Removing A Child						49
10-60-010	28	Risk Decisions 7, 8, 9:	8	32%			17	68%
10-60-020	29	Reclassify Case From					1	100%
10-60-030	30	Where A Child Or Family					1	100%
10-60-040	31	Transferring A	24	96%			1	4%
10-60-050	32	Closing A Protective	5	56%			4	44%

**Standards in Compliance: 864      Applicable Standards: 1045      Overall level of compliance: 82.68%**

**Compliance Definitions:**

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

Note: Percentages are for non-NA values only  
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# Child Service Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for  
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Feb-20

## SUMMARY OF 27 CASE AUDIT(S) FOR OFFICE HDD

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>		<u>CA</u>		<u>CB</u>	<u>NCF</u>		<u>NC</u>		<u>NA</u>
45-10-010	1	Protocols	26	96%	1	4%						
45-10-020	2	Children From	4	15%				20	74%	3	11%	
45-10-030	3	Cultural, Racial,	25	93%	2	7%						
45-10-040	4	Reportable										27
45-10-050	5	Case Records	27	100%								
45-10-060	6	Supervisory	26	96%						1	4%	
45-20-010	7	Appropriate Legal Plan	26	96%						1	4%	
45-20-020	8	Legal Documentation	22	81%						5	19%	
45-20-030	9	Public Trustee Notified	1	20%						4	80%	22
45-30-010	10	Admission Medical	17	63%						10	37%	
45-30-020	11	Medical History	14	52%						13	48%	
45-30-030	12	Ongoing Medical Needs	25	100%								2
45-40-010	13	Overall Goal Determined	24	89%						3	11%	
45-40-015	14	Developing a	10	63%				2	13%	4	25%	11
45-40-021	15	Plan Of Care - Timely	11	55%						9	45%	7
45-40-025	16	Assesment , Planning	9	75%				2	17%	1	8%	15
45-40-030	17	Care Plan Reviewed	3	60%				1	20%	1	20%	22
45-40-040	18	Meet With Child	24	89%						3	11%	
45-40-050	19	Rights Of Children In	19	79%						5	21%	3
45-40-060	20	Preparation For	2	100%								25
45-50-005	21	Placement	25	93%						2	7%	
45-50-010	22	Resource Suitability	24	92%				1	4%	1	4%	1
45-50-020	23	Information To Caregiver	25	93%						2	7%	
45-50-030	24	Continuity and Stability	26	96%						1	4%	
45-60-010	25	Reassessing Risk	7	64%						4	36%	16
45-60-030	26	Missing, lost or runaway										27
45-60-040	27	File Transfer	13	100%								14
45-60-050	28	File Closure	3	50%						3	50%	21
45-60-060	29	File Recording &	19	70%						8	30%	

**Standards in Compliance: 457      Applicable Standards: 570      Overall level of compliance: 80.18%**

**Compliance Definitions:**

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

Note: Percentages are for non-NA values only  
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# Non Protective Family Service Completed Case Reviews For All Reviewers

BRITISH Ministry for  
COLUMBIA Children and

*For the period between 2000-Jan-01 and 2001-Feb-20*

## SUMMARY OF 8 CASE AUDIT(S) FOR OFFICE HDD

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
30-10-010	1	Protocols	7	100%				1
30-10-020	2	Children From				8	100%	
30-10-030	3	Cultural, Racial &	6	75%	2	25%		
30-10-040	4	Reportable						8
30-10-050	5	Case Records	8	100%				
30-10-060	6	Supervisory	8	100%				
30-25-010	7	Initial Assessment Of	8	100%				
30-25-020	8	Prior Contact Check &	7	88%			1	13%
30-25-030	9	Determining The Speed	8	100%				
30-35-010	10	Comprehensive	6	100%				2
30-35-020	11	Legal Documentation	3	43%			4	57%
30-35-030	12	Service Plan With Goals	5	71%			2	29%
30-35-040	13	Service Plan Monitored	6	100%				2
30-35-050	14	Service Plan	5	100%				3
30-60-020	15	Reclassifying A Case					1	100%
30-60-040	16	Transferring A Family	3	100%				5
30-60-050	17	Closing A Family	1	50%			1	50%
30-65-010	18	Recording	8	100%				6

**Standards in Compliance: 89      Applicable Standards: 108      Overall level of compliance: 82.41%**

**Compliance Definitions:**

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

*Note: Percentages are for non-NA values only*  
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## **APPENDIX II: DESCRIPTION OF AUDIT STANDARDS**



## PRACTICE AUDIT STANDARDS for Child Protection Practice

ST#	STANDARD	C	CA	CB	NCF	NC	NA
1	Protocols						
2	Children from Aboriginal Communities						
3	Cultural, Racial and Religious Differences						
4	Reportable Circumstances						
5	Case Records						
6	Supervisory Responsibility						
7	Assessment of Reports						
8	Prior Contact Check and Registration						
9	Determining the Speed of Assessment						
10	Risk Decision 1: Deciding Whether to Investigate						
11	Informing the Police						
12	Risk Decision 2: Decide Investigation Response Time						
13	Initial Plan of Investigation						
14	Steps Required to Complete the Investigation						
15	Seeing and Interviewing the Child						
16	Arranging Medical Examination for the Child						
17	Seeing and Interviewing the Parent						
18	Risk Decision 3: Assess Child's Immediate Safety						
19	Risk Decision 4: Decide if Child Needs Protection						
20	Investigative Action - Cannot locate child or family						
21	Recording and Reporting the Investigation Results						
22	Time Limit for Investigations						
23	Risk Decision 5: Assess Risk of Future Abuse Neglect						
24	Risk Assessment of a Third Report						
25	Risk Decision 6: Developing a Risk Reduction Plan						
26	Supervision Orders						
27	Removing a Child						
28	Risk Decisions 7, 8, 9: Reassessing Risk						
29	Reclassify - Protective to Voluntary Family Service						
30	Where a Child or Family is Missing						
31	Transferring a Protective family Service Case						
32	Closing a Protective Family Service Case						

### Practice Standards Compliance Measurement

#### Compliance Definitions:

- C** **Compliance** as indicated in the scoring section for the standard being measured.
- CA** **Non-compliance** to the standard requirements but acceptable **acceptable alternative action** consistent with good practice is carefully chosen.
- CB** **Non-compliance** to the standard requirements but the action taken is in the **best interests of the child and approved in advance.**
- NCF** **Non-compliance** due to **factors beyond the control of the worker and/or supervisor.**
- NC** **Non-compliance** to the standard's criteria requirements.
- NA** **Not applicable** to the standard being measured.

## **PRACTICE AUDIT STANDARDS - CHILD SERVICE**

Revised April 1, 1999

**1. 45-10-010 PROTOCOLS**

Standard relates to the existence of protocols with police, Aboriginal Bands, etc., and carrying out practice according to the protocol.

**2. 45-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES**

Was it established if the child was from an Aboriginal community and was that community contacted and involved in the planning for the child?

**3. 45-10-030 CULTURAL, RACIAL, RELIGIOUS DIFFERENCES**

Standard relates to sensitivity, respect for differences, ensuring an interpreter is obtained if social worker cannot communicate with the child in it's language.

**4. 45-10-040 REPORTABLE CIRCUMSTANCES**

Critical incidents reported to the Director as defined by policy.

**5. 45-10-050 CASE RECORDS**

Are case records and confidential file information stored in a secure file room, etc.?

**6. 45-10-060 SUPERVISORY RESPONSIBILITY**

Supervisor is consulted according to policy.

**7. 45-20-010 APPROPRIATE LEGAL PLAN**

Appropriate use of care agreements; was removal appropriate; was extension appropriate, etc.?

**8. 45-20-020 LEGAL DOCUMENTATION**

Agreements; court documents; orders on file.

**9. 45-20-030 PUBLIC TRUSTEE NOTIFIED**

As defined in policy.

**10 45-30-010 ADMISSION MEDICAL**

Completed and on file.

**11. 45-30-020 MEDICAL HISTORY OBTAINED AND RECORDED**

Information gathered and records clearly identifiable on file.

**12. 45-30-030 ONGOING MEDICAL NEEDS ATTENDED**

Child's medical/dental needs followed up.

**13. 45-40-010 OVERALL GOAL DETERMINED**

As defined in policy

**14. 45-40-015 DEVELOPING A COMPREHENSIVE PLAN OF CARE**

Plan of care meeting occurs where possible and appropriate.

- 15. 45-40-021 PLAN OF CARE - TIMELY & CURRENT**  
Completed according to time frames.
- 16. 45-40-025 ASSESSMENT, PLANNING & VIEWS**  
Assessment and planning is appropriate to child's needs.
- 17. 45-40-030 CARE PLAN REVIEWED**  
Care plan reviews completed according to policy.
- 18. 45-40-040 MEET WITH CHILD**  
SW meets alone with child at least once every 3 months.
- 19. 45-40-050 RIGHTS OF CHILDREN IN CARE**  
Child is aware of Rights, given a copy. Work with child reflects child's rights.
- 20. 45-40-060 PREPARATION FOR INDEPENDENCE**  
Older youth is assisted to become independent; policy guidelines; discharge planning, etc.
- 21. 45-50-005 PLACEMENT**  
Placement consistent with Section 71 CFCS Act
- 22. 45-50-010 RESOURCE SUITABILITY**  
Is/have resources been suitable to child's needs?
- 23. 45-50-020 INFORMATION TO CAREGIVER**  
Was information regarding child and child's history provided to the caregivers?
- 24. 45-50-030 CONTINUITY AND STABILITY**  
Continuity, number of placements? Continuity, number of workers?
- 25. 45-60-010 REASSESSING RISK**  
Was risk reassessed before child was returned to parent (if there was a previous protection finding), or before expiration of a supervision order?
- 26. 45-60-030 MISSING, LOST OR RUNAWAY CHILD IN CARE**  
Policy guidelines followed in case on missing, AWOL child.
- 27. 45-60-040 FILE TRANSFER**  
File transfer process.
- 28. 45-60-050 FILE CLOSURE**  
Process around closure - meeting with the family, contacting collateral persons, etc.
- 29. 45-60-060 FILE RECORDING AND DOCUMENTATION**  
Frequency, content, opening summary, closing/transfer summary.

## **PRACTICE AUDIT STANDARDS - NON-PROTECTION FAMILY SERVICE**

### **1. 30-10-010 PROTOCOLS**

Expectation there are protocols in place with police agencies, etc. and that protocols are followed.

### **2. 30-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES**

Establish if child is from Aboriginal community; community involved in assessment/ planning according to protocol.

### **3. 30-10-030 CULTURAL, RACIAL & RELIGIOUS DIFFERENCES**

Sensitivity , respect for differences; obtained assistance where necessary i.e. interviewing.

### **4. 30-10-040 REPORTABLE CIRCUMSTANCES**

Critical incidents reported to the Director according to policy.

### **5. 30-10-050 CASE RECORDS**

Records kept confidential; maintained in secure file room.

### **6. 30-10-060 SUPERVISORY RESPONSIBILITY**

Supervisor consulted on key decision points throughout case as required by policy; signatures on file as required.

### **7. 30-25-010 INITIAL ASSESSMENT OF REFERRALS, SERVICE REQUESTS, REPORTS**

Information correctly assessed; support services offered; or referral to community agency; or referred for protection investigation.

### **8. 30-25-020 PRIOR CONTACT CHECK & REGISTRATION**

PCC completed; intake registered on system.

### **9. 30-25-030 DETERMINING THE SPEED OF ASSESSMENT**

24 hours.

### **10. 30-35-010 COMPREHENSIVE ASSESSMENT**

As per case management policy

### **11. 30-35-020 LEGAL DOCUMENTATION**

Agreements completed, signed, on file

### **12. 30-35-030 SERVICE PLAN WITH GOALS & TIME FRAMES**

Service plan, goals outlined as defined in case management policy.

**13. 30-35-040 SERVICE PLAN MONITORED**

Plan monitored as defined in case management policy.

**14. 30-35-050 SERVICE PLAN REVIEW/EVALUATION**

Service plan, support services evaluated and reviewed as defined in case management policy.

**15. 30-60-020 RECLASSIFYING CASE FROM PROTECTIVE FS TO VOLUNTARY FS**

Risk was reassessed; supervisor consulted.

**16. 30-60-040 TRANSFERRING A FAMILY SERVICE CASE**

Case transfer process followed.

**17. 30-60-050 CLOSING A FAMILY SERVICE CASE**

File closure process completed; met with family; evaluated progress in achieving goals.

**18. 30-65-010 RECORDING**

Frequency, quality, content.